Chapter 3

ADMINISTRATIVE MANAGEMENT

3.1. Communication with the INS. Communication, coordination or collaboration with the INS management at the national level occurs through the Executive Council. At the facility level it shall occur through the Health Services Administrator (HSA). The HSA also communicates directly with the INS district office. Managed Care Coordinators (MCC) communicate with jails, and other facilities where the INS houses detainees and district level INS personnel. Messages will be consistent with the DIHS mission, vision, and values.

3.2. Official Correspondence. All SPC correspondence is to be routed through the HSA for signature and concurrence. All official correspondence to the INS Region or above is to be routed through the appropriate Branch Chief for concurrence.

3.2.1. Media. All communication with the media must first be approved through the office of the Chief of Staff.

3.2.2. Format. All official correspondence to the INS will be in letter format on HHS letterhead. Rank and title will be used in the signature line.

3.2.3. Correspondence to Headquarters. When corresponding with Headquarters, documents shall be on HHS letterhead with one-inch margins and Times New roman 12-point font. (See correspondence manual). All requests are to go through the appropriate Branch Chief.

3.2.4. Concept Paper. Staff members who have concepts that they would like the Executive Council (EC) to consider will present them to the EC through their respective Branch Chief. The concept paper should include a purpose, background, summary, recommendations and a contact person.

3.2.5. Abstracts, Speaking Engagements and Manuscripts. All abstracts and presentations proposed for consideration for presentation at conferences or meetings (outside of DIHS or INS), and manuscripts and documents proposed for submission for publication and/or distribution, are to be reviewed and approved by the DIHS Publications Committee prior to submission and/or prior to the speaking engagement. Submissions to and review by the Publications Committee shall follow the procedures described in the SOP 3.25, Approval of Abstracts, Speaking Engagements, and Manuscripts.

3.3. Releasing Personal Information. Personal information such as staff member's work schedule, email address, home address, home phone number or schedule may not be given to anyone outside the DIHS. Personal issues or information should never be provided where a detainee may overhear the conversation.

3.4. Calls from Detainees. If a detainee contacts a staff member at home the INS should be notified immediately through the supervisor.

3.5. Dealing with Detainees in SPCs and Contract Detention Facilities

3.5.1. Detainee Mail. DIHS personnel shall not take part in the INS detainee mail process. All mail received by any DIHS personnel for or from a detainee must be returned to INS.

3.5.2. Gifts. DIHS personnel should never give or accept gifts from current or former detainees. Nor should any DIHS employee give any item that is not a prescribed medication to a detainee. This includes such items as office supplies and food.

3.5.3. Communication. All communication with detainees should be professional in nature and personal issues should never be discussed.

3.5.4. Responsibilities. Health care is the sole responsibility of DIHS. DIHS personnel will not be involved in the security aspects of the facility that are not directly related to the medical clinic nor will they participate in disciplinary decisions or committees.

3.6.Visitors. All requests for clinic tours are to go through the HSA to the INS OIC.

3.6.1. VIP Visits. All VIP visits should be reported to Chief of Staff by the HSA as soon as they are aware of the visit. This includes all visits by politicians, media, foreign dignitaries, etc. Any DIHS staff member who is contacted by a member of the media is to refer the caller to the Chief of Staff and not to discuss any issues. Additionally, the INS Public Affairs Officer is to be notified through the Chief of Staff and grant approval for any interviews.

3.7. Dress Code. See Section 4.12.

3.8. Conduct. All DIHS personnel are expected to comply with the PHS Code of Conduct that is available in the CCPM P 62. Additionally, Civil Servants are required to comply with Federal Standards of Conduct for Civil Servants.

3.9. Chain of Command. All personnel will follow their chain of command for communication. Each staff member must first address issues to their immediate supervisor, then the next level supervisor, etc. If anyone wishes to addresses an issue to a higher level that individual should first inform the immediate supervisor of the desire to do so and the intended content of the conversation. It is always advisable to address issues at the lowest possible level.

3.10. Required Notifications.

3.10.1. Suicide. All suicide attempts are to be documented on a DIHS Form 847 and faxed or emailed to DIHS Clinical Services Branch immediately. If a suicide is successful both the Chief of Field Operations and the Medical Director must be notified immediately by phone.

3.10.2. Deaths. In the event of a detainee death the Chief of Field Operations and the Medical Director are to be notified immediately by phone. All medical records should be secured and the HSA is to fax a copy to Headquarters immediately.

3.10.3. Infectious Disease Outbreak. Once an infectious disease outbreak is suspected the Medical Director is to be notified. The HSA will determine if extra resources will be required and shall notify the Chief of Field Operations for approval of additional outside staffing.

3.10.4. Hunger Strike. All hunger strikes are to be reported through the Clinical Services Branch.

3.10.5. Detainee or Staff Injuries. The DIHS Injury Report Form (DIHS 847) is to be completed for all detainee or staff injuries.

3.10.6. Medical Facility Meetings

3.10.6.1. Monthly Meeting. Each medical facility HSA will hold a monthly staff meeting. The agenda should include items addressing clinic operations, local and national policies and procedures, personnel issues, and facility-wide changes or concerns. Minutes of the meeting will be recorded and kept on file. The HSA will ensure that all staff members who did not attend the staff meeting read and understand the meeting minutes, and indicate by their signature that they have done so. Overtime pay is authorized for staff members to report early or stay after their shift to attend staff meetings.

3.10.6.2. Administrative Meetings. Formal documented administrative meetings are to be held at least quarterly to assure that communication is maintained between DIHS and INS. Minutes of the meeting will be recorded and kept on file. The meeting agenda will include but not be limited to the following:

- The effectiveness of the health care system
- Environmental factors that may need improvement
- Changes affected since the previous meeting
- Recommended corrective actions, as necessary

3.11. Monthly Reports. All MCCs and HSAs will complete a qualitative report which tracks progress of each goal on the Balanced Scorecard. Reports are emailed by the first workday of each month to the respective Branch Chief.

3.12. Monthly Statistics. Statistical data will be collected by the MCCs and HSAs to track program output through the IHIS. Reports will be submitted by the fifth of each month to the Chief, Resource Management

Branch.

3.13. Detainee Grievance Mechanism. An administrative mechanism will be in place at each medical facility whereby detainees can submit grievances regarding health services. The DIHS detainee grievance procedure will be communicated to all detainees upon initial presentation to the medical facility. Refer to SOP 15.7.1.6

3.14. Health-Related Training for Detention Officers. On-going health-related training programs for INS detention officers and contractors shall be monitored, arranged for, or directly provided by DIHS staff. The HSA, through coordination with the INS OIC, will assure that detention officers receive on-going health-related training. Established modules and videos may be used for this purpose. Local operational procedures will identify the process by which health related training will be accomplished and documented. Topics to be covered include but are not limited to:

- Recognizing emergency conditions
- Cardiopulmonary resuscitation and first aid
- In-take health screening of detainees (in those facilities where this occurs and clinic process with regards to referrals)
- Overview of contagious diseases
- Standard precautions and bloodborne pathogens
- Suicide prevention/observation and recognition of mental health problems and disabling conditions
- Recognition of acute manifestations of certain chronic illnesses
- Seizure, intoxication withdrawal, and adverse reaction to medication
- Access to healthcare (sick call, various clinics and services)

3.15. Detainee Orientation. Detainees will be provided an orientation to health care services and basic health information. A DIHS Detainee Orientation and Health Education pamphlet will be provided to each new detainee at the time of their initial health screening. The pamphlet will be available in languages appropriate to the population, to the extent possible. The pamphlet shall provide an overview of basic hygiene practices, how to access medical care, hours of operation and other information deemed appropriate by the HSA.

3.16. Detainee Food Service Workers. The DIHS staff will ensure that detainee food service workers are free of infection and or other illnesses transmissible through food. Before assignment to the kitchen, a complete physical examination will be performed on all potential food handlers. A report of clearance to work in food service will be provided to INS, with a copy maintained in the medical facility.

3.16.1. Monitoring Recommendations. The DIHS Infection Control Officer will inform the Food Service Director of the following monitoring recommendations:

- Monitor food service workers on a daily basis for skin infections, diarrhea, coughing, sneezing or other signs of respiratory infections that might contaminate food. A worker suspected of having any of these

conditions will not be allowed to work and will be referred to the medical facility for evaluation and treatment.

- Ensure that all food preparation personnel wear hairnets or caps, plastic gloves and appropriate footwear. Unnecessary touching of food without utensils or plastic gloves will be avoided.
- Conduct periodic in-service programs with kitchen staff and detainee food service workers regarding sanitation and infection control procedures in concert with medical facility staff.

3.17. Use of Detainees as a Labor Force. Detainees may be utilized in the medical facility to perform tasks such as moving furniture, housekeeping, and other labor-intensive duties. When performing such duties, detainees shall be kept under constant surveillance by security staff. Detainees shall not be used to perform any job, which would place them in a position of power over other detainees, or in any location within the medical facility that would give them access to medical supplies or privileged detainee information. Specifically, detainees shall not be used to:

- Provide direct patient care or assist in any way in the provision of that care
- Work in any area unsupervised where they would have access to health records, drugs, or medical supplies such as needles, surgical instruments, or any item that could be used as a weapon. Detainees may never enter the pharmacy area under any conditions
- Schedule appointments or determine the access of other detainees to health care services
- Operate equipment for which they are not trained
- Clean biohazard spills
- Transport biohazardous trash (red trash bags)
- Transport dirty laundry from an infirmary or medical clinic unless the laundry is in a dissolvable bag

3.18. After-hours Medical Coverage. All medical facilities shall provide 24-hour emergency medical, dental and mental health care. This plan will include arrangements for the following:

3.18.1. Call Schedule. In medical facilities that are open 24 hours a day 7 days a week, the on-call provider is the provider on duty. This person could be a MD/NP/PA/RN/LPN. Depending on the category of the provider on-duty there may be another provider as the first call. The Clinical Director is always the second call. For those medical facilities that are closed after-hours, a schedule with first and second call will be developed. A copy of this schedule will be made available to INS.

The on-call provider will be called to assess detainees and determine what treatment or disposition they require. All calls will be appropriately documented in a logbook in addition to being documented in the health record. On-call personnel are required to be able to respond to the clinic within 60 minutes and must report to the clinic if the call cannot be handled telephonically. The provider on second call will always be a physician. An RN or NP/PA can be the first call for an LPN.

3.19. Emergency Transport. A list of numbers for ambulance and hospital services will be readily accessible to all personnel.

3.20. Clinic Schedule. The HSA will complete all monthly schedules in the medical facilities and will consult with the CD on adequate mix of staff. All persons filling NP/PA and nursing positions may be considered for shift rotation. The rotations will occur at most every three months and schedules shall be posted for the following month. The DIHS clinics may use alternative work schedules if cleared by the Chief of Field Operations.

3.20.1. Shifts. Shifts should be based on 8-hour time segments Monday through Friday and 12 hours on Saturdays, Sundays, and holidays. Other variations in shifts will be approved by the Chief, Field Operations.

3.20.2. New Graduates. New graduates (< one year experience) will be assigned to day shift for a minimum of three months before functioning alone.

3.21. Request for Staff Assistance. Assistance in augmenting staff will be requested through the Field Operations Branch including justification. The request should include expected workload, number of staff on site, number of staff on leave, funds available and the expected duration of need.

3.22. Clinic Appearance. All clinics are to be kept clean at all times. No paperwork, charts, books, etc. should be left out at the end of the workday. Desks and work areas should be cleaned off at the end of the day. Keep walls free of clutter, no notes, messages or other items may be taped to the walls. Informational signs are to be either be laminated or framed prior to being placed on a wall. Bulletin boards are to be kept neat and current.

3.23. Delivery of Care System. All facilities must have a well-defined system for the delivery of care.

3.23.1. Post Orders. All personnel (including security staff assigned to the clinic) will have post orders that outline their responsibilities. The post orders are to include the person's daily duties, responsibilities during an emergency, and procedures for reporting off duty (change of shift, breaks, etc.).

3.23.2. Triaging. All clinics will institute a triaging system that assures that the sickest detainees are seen first by the appropriate provider. The triaging shall include a face-to-face encounter with the detainee. An adequate number of sick call appointments must be allotted in the daily schedule to cover a routine load. Triaging can allow for patients to be scheduled up to seven days in the future. Refer to sick call policy section 8.5.

3.23.3. Medication Delivery. Medication delivery should take place in the housing units unless specifically requested not to do so by the INS OIC. All medications are to remain secured until the time of delivery. Only one detainee at a time can be allowed to be within 10 feet of the medication provider.

3.23.4. Optimization. Systems shall be in place in the clinic to assure that all staff achieves the optimum detainee contact hours at the appropriate acuity level. By the time a detainee sees a provider they are to have

a chief complaint listed and vital signs taken. Each physician, nurse practitioner, physicians assistant, registered nurse, licensed practical/vocational nurse, psychologist, dentist, etc. is expected to spend the majority of working hours providing direct detainee care.

3.24. Laboratory. A standard time of day should exist for all laboratory tests to be conducted except under emergency circumstances.

3.25. Training Time. Each facility will establish a local annual training schedule. Topics will include but are not limited to mandatory training in Suicide Recognition and Prevention, Bloodborne Pathogens, Fire Safety Training, Lab Test Certification, identification of victims of abuse, Infection Control, TB exposure, CPR and ACLS training as indicated. Each site shall provide at a minimum 12 hours of on-going education and in-service training annually. A record of class attendance will be maintained on-site.

3.26. Health Services Administration

3.26.1. Health Services Administrator. The HSA plans, implements, directs, and controls all aspects of the department's administration, including housekeeping, sanitation, maintenance, personnel, fiscal, procurement, data retrieval through the Immigration Health Information System (IHIS)and supply. The HSA provides administrative supervision and direction to all Health Services staff, (except the CD), including designation of shifts and assignment of general and specific duties. The HSA represents the department on various committees and in other interdepartmental meetings or negotiations. The HSA maintains Performance Logs of all medical facility staff. The staff member's supervisor submits information for these logs. The HSA shall be the direct avenue of communication between the medical facility and the INS Officer-in-Charge or designee and District Office. The HSA or designee organizes and directs staff meetings for training both detainees and Detention Officers regarding their responsibilities and health and safety issues.

The HSA must be knowledgeable about personnel regulations applicable to both civilian and PHS staff. The HSA is the local Personnel Officer for Commissioned Corps personnel and Civil Servants. S/he assists in recruiting new personnel and keeps staff informed of training opportunities. The HSA is responsible for maintaining each PHS Officer's leave record and for certifying this record and forwarding it to the Officer's duty station when they transfer or to the Commissioned Personnel Office when the officer separates or retires from active duty (this responsibility may be delegated). For institutions with PHS personnel, refer to Supervisors Guide to the Commissioned Corps (available from the Division of Commissioned Personnel, 5600 Fishers Lane, Rockville, MD 20857 or on the DCP website at http://dcp.psc.gov). The HSA must be aware of current DIHS regulations, programs, and goals, and must ensure that health care staff are appropriately licensed, registered, or certified. Evidence of current licensure, certification, or registration must be verified and maintained in the medical facility. The HSA must be familiar with all guidelines and protocols.

The HSA shall be the on-site coordinator for accreditation visits. He or she shall be responsible for assuring that the facility prepares for and meets accreditation standards and maintains compliance between survey dates. The HSA shall be responsible for assuring that appropriate cost effective care is delivered and that maximum utilization of resources is obtained through optimization. This includes active participation in claims analysis and case management when indicated.

Budget and procurement responsibilities include controlling purchase, maintenance, and distribution of the equipment, materials, and facilities of the medical facility. The HSA must know medical supplies, equipment, and their sources of supply. S/he plans clinic budgetary requirements, maintains fiscal control over part-time and consultant fees, and makes the CD and other medical staff members familiar with annual and quarterly budgets. The HSA shall participate in Statement of Work (SOW) participation and monitor local contracts. The HSA certifies vouchers for payment to verify their accuracy. Vouchers shall be reviewed with respect to:

- Were the billed services authorized and appropriate and have the services been completed?
- Were the billed services actually provided?
- Are the amounts billed correct within the terms of the contract? Or, if there was no contract, are they commensurate with customary fees in the community? Services rendered by outside vendors shall have the advance approval of the Contracting Officer or the Contracting Officer's Technical Representative (except in emergency admissions, which require notification).

3.26.1.1. Assistant Health Services Administrator (AHSA). As part of the management team, the AHSA is responsible for the day-to-day administrative operations of the medical facility as assigned by the HSA. The AHSA is responsible for the day-to-day assignments of all staff. As a training position all AHSAs are expected to be mobile and relocate as needed by the DIHS when an HSA position becomes available. The AHSA is an administrative position however at times the individual assigned to this position may be called upon to perform clinical duties according to their discipline.

3.27. Managed Care Coordinator (MCC). MCCs function as first-line reviewers, determining eligibility as well as medical necessity and appropriateness of treatment authorization requests (TARs) for off-site and/or non-routine health care services from jail and health authorities, law enforcement officials, health care providers/institutions, INS officials and other designated individuals and organizations. DIHS-established clinical guidelines and the Medical/Dental Covered Services package provide the MCC with decision-making criteria.

The MCC provides Case Management of hospitalized detainees. This is an essential component of the MCC function.

MCCs are responsible for monitoring annual budgets for off-site care in their respective regions.

MCCs are in many respects, clearinghouses of information among the DIHS fiscal intermediary, medical services, resource management, and clinical operations branches of DIHS, as well as with our client, the Immigration and Naturalization Service.

3.28. Clinical Services.

3.28.1. Clinical Director. The CD is responsible for clinical care provided at the facility, including reviewing applications and credentials for membership to the medical staff and privilege statements; maintaining the quality of health records; and evaluating patient care through an ongoing performance improvement program that identifies problems and their solutions. It is critical that the CD maintain a close working relationship with

local community hospitals and health care providers contracted by the institution. The CD shall make the community hospital aware that care provided to detainees should be authorized in advance by the facility, not at the request of patient. During outside hospitalization of a detainee, the CD or staff physician shall document on the SF-600 contact with the attending physician to ensure that:

- They remain fully informed of the patient's condition
- The care provided relates to the diagnoses on admission and any complications that develop
- Every effort is made to return the detainee to the institution or to transfer him/her to a Medical Referral Center as early as the patient's condition allows

The CD provides clinical supervision of all staff. The CD's relationship with clinical staff shall consist of clinical supervision and involvement in the clinical outcomes of the medical facility. The CD will assure staff is clinically competent before treating clients and will review competency per policy. Charts will be reviewed through the Performance Improvement process to assure ongoing quality care

The CD shall review all health records of those cases seen by staff on the evening and morning watch, weekend, and holiday shifts for emergency care. If this review is not practical the next normal workday, then the review should take place the next possible workday and include a discussion of the case with the appropriate medical staff and a review of the treatment plan. The reviewing physician shall initial and date those charts reviewed. Documentation of these reviews shall be included in the information submitted to the HSA on all appropriate medical staff. When significant questions or problems are detected, the physician responsible for clinical supervision shall arrange a face-to-face conference with the affected staff. Consistent with good medical practice, medical staff may request a conference at any time

3.28.2. Staff Physician. The staff physician provides medical care and treatment planning for the detained population. In the absence of the CD the staff physician supervises NP/PAs and reviews medical records as indicated above.

3.28.3. Nurse Practitioner/Physicians Assistants. The physician retains ultimate clinical oversight of the services NP/PAs provide. The NP/PA may be responsible for the operation of medical, surgical, and psychiatric wards, clinical laboratory, x-ray department, pharmacy, sick call, outpatient department, physical therapy, emergency medical and dental care, and additional duties, as outlined in the position description. The NP/PA is under the HSA's administrative supervision, and under the clinical supervision of the CD. NP/PAs must practice within their clinical protocols.

3.29. Nursing Services. Nursing services are organized to meet the nursing care needs of its patients and to maintain and improve standards of nursing practice. Staff takes all reasonable steps to provide quality nursing care and seeks to maintain the optimal professional conduct and practices of nursing staff. The facility's mission and size determine the complexity, numbers, and categories of nursing staff employed. The facility may include nurse administrators, supervisory personnel, staff nurses, licensed practical (vocational) nurses, and nurse's aides.

3.29.1. Senior Nurse (SN)/Nurse Manager. The SN/Nurse Manager is a qualified registered nurse with appropriate education, experience, licensure, and demonstrated ability in nursing practice. In the facilities with

short stay units the title will be Nurse Manager and in the rest of the facilities the title will be Senior Nurse. This individual shall implement policies and procedures of nursing for her/his designated area, coordinates patient care and services and may supervise one or more lower-level personnel. S/he also establishes standards of care and a means of monitoring and evaluating nursing care, and is responsible for the delivery of nursing services. S/he analyzes, plans, implements, and evaluates all of the functions of nursing. The Senior Nurse/Nurse Manager shall participate in policy decisions that affect nursing personnel and patient care. They shall ensure staff nurses are properly trained (and maintains training documentation) to use any medical equipment that may facilitate nursing care. S/he organizes the department to provide optimum service to all shifts, and encourages nursing staff to participate in continuing education programs and attend required meetings. S/he must be knowledgeable about PHS and Civil Service personnel systems and must understand policies, regulations, and goals as well as standards of outside agencies affecting prison health services, such as JCAHO, NCCHC and ACA.

3.29.2. Staff Nurse (Registered Nurse) (RN). The staff nurse, who is usually accountable to the senior nurse, plans, intervenes in, and evaluates the nursing care being provided to her/his assigned patients in support of the level of medical care that has been determined by clinical services. S/he provides ongoing health education. In an infirmary or hospital setting prior to discharge, the RN gives discharge instructions and assists the patient to understand the need for follow-up care. She/he maintains and improves clinical competence through continuing education and progressive experience. After receiving documented training, the RN must be able to operate any specialized equipment that may facilitate nursing care. RNs must practice within their scope of practice as defined in the DIHS Nursing Services document included in the RN Guidelines Manual.

3.29.3. Licensed Practical (Vocational) Nurse (LPN/LVN). The LPN/LVN, who is accountable to a registered nurse, generally provides technical support and assistance to patients who are relatively stable or who have chronic illness or physical conditions that are not immediately life-threatening. A RN must supervise LPNs/LVNs who provide direct patient care in an in-patient or long-term care setting. Licensed Practical (Vocational) Nurse (LPN/LVN) in a non-infirmary or hospital setting provides administrative and healthcare support to other clinical staff. LPNs/LVNs may collect data about a patient, including vital signs and the nature of the complaint, and may assist other clinical staff to provide routine treatment or during emergency situations with appropriate supervision. LPNs/LVNs may provide nursing care such as the administration of medications, treatments, teleradiology and off-shift coverage.

3.30. Pharmacist. The Pharmacist is responsible for procurement, distribution, administration and dispensing of all medications in the institution. Each month the pharmacist will submit all required reports with copies for the HSA. The Pharmacist is also responsible for supervising all medical staff including NP/PAs while functioning in the pharmacy. Additional responsibilities include providing pharmaceutical care to the detained population including the provision of medication information. Advice on appropriate dosing and medication choice will be provided to all clinicians.

3.31. Registered Health Information Administrator (RHIA). The RHIA maintains administrative oversight of the medical records department including: development of local operating procedures

on medical records, chart audits, procurement of records and forms, freedom of information, and supervision and scheduling of medical records staff. The RHIA reports directly to the HSA and is the local authority on medical records policy. The AHSA shall assume these activities in the absence of a RHIA.

3.31.1. Medical Records Technicians (MRT). The MRT is responsible for all schedules of medical appointments, IHIS entries, filling in the medical record, compiling records for the daily appointments, and other administrative assistance as indicated by the HSA or RHIA.

3.32. Other Medical Services Staff. The duties of other medical services staff are mandated by their billet description or position description as applicable.

3.33. Consultant Staff. Consultant medical staff is often needed to complement in-house staff. The Clinical Services Branch shall ensure that each consultant medical staff member is qualified and shall maintain optimal professional performance through appointment/reappointment procedures, the specific delineation of clinical privileges, and the periodic reappraisal of each. The HSA shall assure the credentialing package is complete. Only physicians and dentists holding an appropriate current license and offering evidence of training or experience, current competence, professional ethics, and health status shall be considered.

3.34. Dental Services. Dental services are organized to meet the dental care needs of its patients and to maintain and improve standards of dental practice.

3.34.1. Chief Dentist. The Chief Dentist is responsible for general oversight of the dental program ensuring that dental services fall within the guidelines and philosophy of the DIHS. The Chief Dentist drafts policy for approval, provides expert consultation to the Director, clinically supervises all dentist and seeks solutions to problems that arise in the delivery of dental services.

3.34.2. Regional Dental Consultants. Regional Dental Consultants coordinate and preauthorize care through the MCCs. They provide onsite annual dental screening instruction for medical personnel at the DIHS medical facilities.

3.34.3. Dentist. The dentist is responsible for the procurement planning, maintenance, and security of all dental equipment. The dentist is responsible for development of all dental line items in the budget. The Dentist provides dental screening, treatment planning, and delivery of appropriate dental care, ensures detainees are free of dental pain, supervises dental auxiliary personnel clinically, and serves as the onsite dental authority.

3.34.4. Dental Auxiliary Personnel. Dental auxiliary personnel perform tasks under the clinical supervision of a dentist and can prescreen under clinical guidelines.

3.35. Mental Health. Mental health services are organized to meet the mental health needs of

its patients and to maintain and improve standards of mental health care within the DIHS.

3.35.1. Chief Mental Health Officer. The Chief Mental Health Officer is either a Psychiatrist or Licensed Clinical Psychologist with a clinical or administrative background in correctional healthcare. This officer is responsible for the development, maintenance and management of the DIHS mental health program. This includes both policy development and clinical supervision of mental health professionals.

3.35.2. Psychiatrist. This is either a DO or MD who specializes in psychiatry. S/he is responsible for the mental health program management and patient care and treatment planning at their assigned facility.

3.35.3. Psychologist. A psychologist has either a Ph.D. or a Psy. D. and holds a current license as a Clinical Psychologist. S/he is responsible for the mental health program management and patient care and treatment planning at their assigned facility.

3.35.4. Social Worker. The social worker will possess a MSW or PhD/DSW from an accredited institution. They are responsible for providing case management services and are involved with patient care and treatment planning at their assigned facility.

3.36. Medical Escort. When medically indicated a health care provider may accompany the transport of an alien along with a minimum of two INS officers. Medication will be administered only for the treatment of diagnosed illnesses, (e.g., anxiety disorder, depressive disorder, or other conditions). During transport, the medical escort shall sit as close as possible to the alien and the two INS officers. At no time will the medical escort assume security responsibilities for the alien while in the air or on the ground. Under no circumstances will the alien be medicated solely for non-medical purposes (i.e. restraint for behavioral problems). Medication can be provided to a detainee if, and only if the detainee is at immediate risk to cause harm to self or others. Physical restraint, if required, is the responsibility of the INS officers or other security personnel. USM-553 Medical Summary of Federal Prisoner/Alien in Transit, may be used to provide orders to the medical escort for initiating or continuing medication and/or treatment of a detainee during transport and to document orders that are executed and/or any health care provided to the detainee by the medical escort during transport. When Form USM-553 is initiated for the medical escort at an DIHS medical facility, a copy will be maintained in the detainee's health record. Upon completion of the escort, that copy should be destroyed and replaced by the completed original form. The remaining copy of form USM-553 may either be placed in an envelope, marked "MEDICAL CONFIDENTIAL" for inclusion in the detainee's health record at the receiving destination as appropriate, or if a deportation, the copy may be given to the detainee at the final destination. Please refer to SOP for Medical Escorts 3.39.

When a medical escort is initiated outside of the DIHS, any medication and/or treatment orders provided should be attached to Form USM-553 and appropriate documentation made on the form. A copy may be forwarded to the INS point of origin for inclusion in their detainee file. A copy may either be placed in an envelope, marked "MEDICAL CONFIDENTIAL" for inclusion in the detainee's health record at the receiving destination as appropriate, or if a deportation, the copy may be given to the detainee at the final destination. The original form should be forwarded to the DIHS Medical Director, upon completion of the escort.

3.37. First Aid Kits. All SPCs will have first aid kits available in designated areas of the facility. The HSA will determine, considering detainee housing and medical facility working hours, where these kits will be located. First aid kits will be checked monthly by a designated staff member, using the First Aid Kit Checklist, HSD form 50, to determine if any item needs to be replenished or if medications have expired.

3.38. CCRF Deployment. The Commissioned Corps Readiness Force (CCRF) is an important part of the US Commissioned Corps and serves to provide assistance in various events and activities that require medical support. The DIHS encourages all officers to enroll in the Commissioned Corps Readiness Force. Each officer is responsible for updating their information on the CCRF website.

3.38.1 Call to duty. When the CCRF is in need of officers for deployment, a representative from CCRF shall contact the DIHS CCRF Point of Contact (POC) with a request outlining the professional requirements or special skill needed. The CCRF POC is responsible for evaluating the DIHS mission, the needs of the INS for medical services and shall determine if requests from the CCRF can be fulfilled. The POC is directed to:

- Cooperate with the CCRF whenever possible.
- Use a selection process that allows all officers an equal chance to deploy with the CCRF.
- Use officers from the CCRF Ready Roster whenever possible.

DIHS officers are expected to cooperate with this selection process. It is the officer's responsibility to understand the process, respond to the CCRF personnel in the appropriate manner, to accept the responsibility that the DIHS mission comes first and to respect the decisions of the CCRF POC. When contacted by a representative of the CCRF, the DIHS officer must obtain confirmation that their selection for deployment was cleared through the DIHS CCRF POC.